

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the linesAmerican Association for Geriatric Psychiatry Political Action Committee (AAGP-P-  
AC)

ADDRESS (number and street)

7910 Woodmont Ave.

Suite 1050

☐ Check if different  
than previously  
reported. (ACC)

Bethesda

MD

20814

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00401695

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report(Q1)
- ☐ July 15  
Quarterly Report(Q2)
- ☐ October 15  
Quarterly Report(Q3)
- ☐ January 31  
Quarterly Report(YE)
- ☐ July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:☒

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2006

through

01

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Christine deVries

Signature of Treasurer

Electronically Filed by Christine deVries

Date

02

15

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only									
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**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Association for Geriatric Psychiatry Political Action Committee (AAGP-P-AC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	1	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		15835.00
(b) Cash on Hand at Beginning of Reporting Period .....	15835.00	
(c) Total Receipts (from Line 19) .....	5500.00	5500.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	21335.00	21335.00
7. Total Disbursements (from Line 31) .....	0.00	0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	21335.00	21335.00
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Association for Geriatric Psychiatry Political Action Committee (AAGP-P-AC)

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	4000.00	4000.00
(ii) Unitemized .....	1500.00	1500.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	5500.00	5500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	5500.00	5500.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	5500.00	5500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5500.00	5500.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		0.00	0.00
24. Independent Expenditure (use Schedule E) .....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs) .....		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		0.00	0.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		0.00	0.00
(ii) "Levin" Share .....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		0.00	0.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	5500.00	5500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5500.00	5500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 10

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association for Geriatric Psychiatry Political Action Committee (AAGP-P-AC)

A. Full Name (Last, First, Middle Initial)

Karen Blank, MD

Mailing Address 167 Steele Rd.

City State Zip Code  
West Hartford CT 06119

FEC ID number of contributing federal political committee.

C

Name of Employer  
Institute of LivingOccupation  
geriatric psychiatrist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.4361

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Christopher Colenda, MD

Mailing Address 703 Plub Hollow Dr.

City State Zip Code  
College Station TX 77845-4476

FEC ID number of contributing federal political committee.

C

Name of Employer  
Texas A&M University SystemOccupation  
Dean - College of Medicine

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.4349

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Renato De Los Santos, MD

Mailing Address 106 Stephen Street  
LL4

City State Zip Code  
Lemont IL 60439-0000

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation  
Geriatric Psychiatrist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.4356

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 10

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association for Geriatric Psychiatry Political Action Committee (AAGP-P-AC)

<b>A.</b> Full Name (Last, First, Middle Initial) Christine deVries Mailing Address 6800 Retina Lane City State Zip Code Bethesda MD 20817 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Amer Assn for Geriatric Psych Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 9 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.4365 Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) Upma Dhingra, MD Mailing Address 2787 Forestlake Drive City State Zip Code Westlake OH 44145-0000 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Geriatric Psychiatrist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 0 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.4342 Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) Rudolph Jr. Freeman, MD Mailing Address 2101 Executive Drive Suite 2E City State Zip Code Hampton VA 23666-0000 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Hampton Newport News CSB Occupation Geriatric Psychiatrist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 2 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.4346 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 10

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association for Geriatric Psychiatry Political Action Committee (AAGP-P-AC)

<b>A.</b> Full Name (Last, First, Middle Initial) Richard R. Hartman, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 0 / 2 0 0 6
Mailing Address 3800 Stoneleigh Place		
City	State	Zip Code
Norman	OK	73072-3010
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.4352
Name of Employer		Amount of Each Receipt this Period
Occupation Geriatric Psychiatrist		250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

<b>B.</b> Full Name (Last, First, Middle Initial) Helen Lavrestsky, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 8 / 2 0 0 6
Mailing Address 10162 Hollow Glen		
City	State	Zip Code
Los Angeles	CA	90077
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.4350
Name of Employer UCLA Neuropsych. Hosp.		Amount of Each Receipt this Period
Occupation geriatric psychiatrist		250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

<b>C.</b> Full Name (Last, First, Middle Initial) J. Pierre Loebel, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 0 / 2 0 0 6
Mailing Address 5505 Coniston Rd. NE		
City	State	Zip Code
Seattle	WA	98105
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.4344
Name of Employer retired		Amount of Each Receipt this Period
Occupation		250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 10

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Association for Geriatric Psychiatry Political Action Committee (AAGP-P-AC)

<b>A.</b> Full Name (Last, First, Middle Initial) Thomas Oxman, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 7 / 2 0 0 6
Mailing Address 1 Medical Center Dr.		
City Lebanon	State NH	Zip Code 03755
FEC ID number of contributing federal political committee. C		Transaction ID: SA11A1.4354 Amount of Each Receipt this Period 250.00
Name of Employer Dartmouth College		Occupation geriatric psychiatrist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

<b>B.</b> Full Name (Last, First, Middle Initial) Angela Pedraza, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address 2161 Palm Beach Lakes Boulevard Suite 215		
City West Palm Beach,	State FL	Zip Code 33409-6611
FEC ID number of contributing federal political committee. C		Transaction ID: SA11A1.4362 Amount of Each Receipt this Period 250.00
Name of Employer		Occupation Geriatric Psychiatrist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

<b>C.</b> Full Name (Last, First, Middle Initial) Alan Steinberg, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 9 / 2 0 0 6
Mailing Address 2539 Middle Country Road		
City Centereach	State NY	Zip Code 11720-3503
FEC ID number of contributing federal political committee. C		Transaction ID: SA11A1.4341 Amount of Each Receipt this Period 1000.00
Name of Employer		Occupation Geriatric Psychiatrist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 10

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association for Geriatric Psychiatry Political Action Committee (AAGP-P-AC)

**A.**

Full Name (Last, First, Middle Initial)

Hai Tsao, MD

Mailing Address 69 Station Road

City

Glen Mills

State

PA

Zip Code

19342-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Fitzgerald Hospital

Occupation

Geriatric Psychiatrist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.4351

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

4000.00